

CONSTITUENT CASE AUTHORIZATION
OFFICE OF SENATOR JOHN WARNER

NAME(S) _____ DATE _____

HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____

IF APPLICABLE:

SSN: _____ DATE OF BIRTH _____

VETERAN CASE# _____ LABOR/COMP.# _____

ALIEN REG.# _____ CSA/CSF # _____

EEOC CASE # _____ MILITARY RANK _____

DATE OF DISCHARGE _____

MILITARY ORGANIZ./ ADDRESS _____

OTHER PERTINENT INFO. _____

I, _____, hereby request and authorize Senator John Warner of Virginia, and/or members of his staff, to make an inquiry of my behalf of the following:

(Department/Independent Agency of the Federal Government)

(Department/Agency of City or State Government)

CONSTITUENT SIGNATURE _____